## PART B - FEE(S) TRANSMITTAL

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Alexandria, Virginia 22313-1450 JAN 1 9 2006 (571) 273-2885 or Fax INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Adjusted corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for magnifications. fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 24201 7590 12/08/2005 **FULWIDER PATTON** Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 6060 CENTER DRIVE 10TH FLOOR LOS ANGELES, CA 90045 JOHN V. HANLEY 01/20/2006 WASFAW2 00000039 062425 10770084 (Signature 700.00 OP (Date) 02 FC:1504 03 FC:8001 300.00 OP 2006 CONFIRMATION NO. APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 10/770,084 9271 01/30/2004 BRWND-67276 Deborah Brown TITLE OF INVENTION: CONVERTIBLE LUGGAGE DEVICE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY ISSUE FEE APPLN, TYPE \$700 \$300 \$1000 03/08/2006 nonprovisional YES **EXAMINER** ART UNIT CLASS-SUBCLASS WEAVER, SUE A 3727 190-01800A 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list FULWIDER PATTON LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) DEBORAH BROWN NAMPA, IDAHO Please check the appropriate assignee category or categories (will not be printed on the patent): 🛣 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. XIssuc Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Denosit Account Number U6-2425 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Effective on 1/08/2004.  Fees pursuant to the Chapter Appropriatons Act, 2005 (H.R. 4818).			Complete if Known								
				Application Nu	ımber	10/770,	084				
FEE TRANSMITTAL for FY 2005			Filing Date		1/30/2004						
			First Named In	rventor	Deborah Brown						
			D 1 27	Examiner Nam	ne	Sue A.	Weaver				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3727						
TOTAL AMOUNT OF PAYMENT (\$) \$1,000.00				Attorney Dock	et No.	BRWND-67276					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton LLP											
For the above-i	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or any underpayment of Credit any overpayments											
fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULA	TION										
1. BASIC FILING	SEARCH, AND EX	AMINATIO	N FEES		_						
	FILING F			CH FEES		EXAMINA	TION FEES				
Application Typ	e <b>Fee (\$)</b>	Small Entit	Y Fee (\$)	Small Entity Fee (\$)	•	ee (\$)	Small Entity Fee (\$)	Fees Paid(\$)			
Utility	300	150	500	250	Ī	200	100				
Design	200	100	100	50		130	65				
Plant	200	100	300	150		160	80				
Reissue	300	150	500	250		600	300				
Provisional	200	100	0	0		0	0				
2. EXCESS CLAIM FEES Small Entity											
Fee Description	(including Reissues	-1					<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25			
	claim over 3 (includi		:)				200	100			
Multiple dependent		ng rreibback	·/				360	180			
							Multiple	Dependent Claims			
Total Claims	Extra Clain	<u>1s</u> <u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)			<u>Fee (\$)</u>	Fee Paid (\$)			
	or HP =	X	\$25.00 =	=\$0.00_	-						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims											
	or HP =	_ x	\$100.00	= \$0.00	_						
HP = highest number of independent claims paid for, if greater than 3.											
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
-100 = /50 (round up to a whole number) x <u>\$125.00</u> = <u>\$0.00</u>											
4. OTHER FEE(S)  Non-Service are a situation (120 fee / se areal artitle discount)											
Non-English specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Issue Fee Transmittal \$1,000.00											
SUBMITTED BY		1	_ IF	Registration No.				210.021.5555			
Signature	gov.	P		(Attorney/Agent)	38,	171	Telephone	310-824-5555			

Name (Print/Type) John V. Hanley This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.